

LAB USE ONLY	
PATHOLOGY CASE #	
VTH Accession #	
PATHOLOGIST	

NECROPSY SERVICE POST-MORTEM SUBMISSION FORM

REFERRING VETERINARIAN INFORMATION	OWNER INFORMATION
Veterinarian: _____	Owner First Name: _____ Last Name: _____
Hospital Name: _____	Address: _____
Address: _____	City/State/Zip: _____
City/State/Zip: _____	Phone: _____ Email: _____
Phone: _____ Fax: _____	

ANIMAL IDENTIFICATION	Manner of Death	Date of Death	DISPOSITION OF REMAINS
Name/ID: _____	<input type="checkbox"/> Euthanized Method & Site: _____		<input type="checkbox"/> Routine Disposal- non K-9/Feline * No additional cost to owner <input type="checkbox"/> Communal Incineration- K-9/feline * No additional cost to owner <input type="checkbox"/> Private Cremation * Performed by off-site private crematory- additional fees apply <input type="checkbox"/> Owner Pick-up * Within a 50 mile radius <u>ONLY</u> * At Pathologist's discretion
Species: _____			
Breed: _____	<input type="checkbox"/> Spontaneous <input type="checkbox"/> Unknown		
Sex: _____ Age/DOB: _____			
Color: _____ Weight: _____			

PROCEDURE REQUESTED	HISTORY
<input type="checkbox"/> Complete Postmortem Exam	Include date of onset/duration of illness, additional species on premises, clinical presentation, feed/husbandry changes, new animals, treatments, vaccination & dates, previous submission(s). Include differential diagnosis. Failure to provide adequate history could result in inadequate diagnosis. <i>Samples collected during a necropsy become property of the section of anatomic pathology.</i>
<input type="checkbox"/> Partial Postmortem Exam	
<input type="checkbox"/> Cosmetic Postmortem Exam	

Differential diagnosis(es):

See reverse side for shipping instructions.